



## Community Services Block Grant Eligibility Requirements Form

Assigned Applicant Identification #: \_\_\_\_\_

	Identification	Income	Residency	Staff Verification
<b>PROOF OF:</b>	For all household members, list last 4 digits of their Social Security number. AND List another form of Identification such as Birth Certificate, Driver's License, or Identification Card for the Applicant.	List total monthly Income for each person over the age of 18 & keep a copy of all income in the file.	Insert type of documentation provided to verify applicant is a resident of the county where the assistance is being sought such as, Utility Bill, Rental Agreement, Rent or Mortgage Receipt, or a written statement from a social services agency or homeless shelter.	Initials of staff member completing this verification and date completed.
Head of Household/ Applicant	SS # = XXX-XX-	\$		
	Other =	\$		
Spouse	SS # = XXX-XX-	\$		
Other Adult	SS # = XXX-XX-	\$		
Other Adult	SS # = XXX-XX-	\$		
Child	SS # = XXX-XX-			
Child	SS # = XXX-XX-			
Child	SS # = XXX-XX-			
Child	SS # = XXX-XX-			
Child	SS # = XXX-XX-			
Child	SS # = XXX-XX-			

I, \_\_\_\_\_ (printed name of staff member who completed verification), certify that the documentation recorded on this form was reviewed and accurately reported.

\_\_\_\_\_  
Staff Member Signature and Date

CONFIDENTIALITY STATEMENT: Information shared for the purpose of assistance through the Community Services Block Grant will be kept strictly confidential unless a release in writing is authorized. All forms and documents will be maintained in locked files and only made available for staff to view as necessary.